



Focus on the Ingwe Option

The Ingwe Option provides affordable access to entry-level cover. For your hospitalisation cover, you can choose to use either Any hospital, the Ingwe Network of private hospitals, or State hospitals for an even lower monthly contribution.

For chronic treatment and day-to-day benefits, such as GP visits and prescribed medicine, you need to consult Ingwe Primary Care Network providers or Ingwe Active Network providers, depending on your provider choice. If you choose Any hospital, you may only use GPs on the Ingwe Active Network for your chronic and day-to-day benefits. View a list of network providers on momentummedicalscheme.co.za, or WhatsApp or call us on 0860 11 78 59.

You are also covered for three virtual GP consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor. This means that you can have a virtual consultation with a qualified doctor, from the comfort of your home, or wherever you may find yourself at the time. If you need more day-to-day benefits, you can make use of Momentum HealthSaver⁺. HealthSaver is a complementary product offered by Momentum that lets you save for medical expenses not covered on your option.

The Health Platform Benefit provides cover for a range of preventative care benefits. The benefits are only available from your Ingwe Primary Care Network or Ingwe Active Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider.

⁺ You may choose to make use of additional products available from Momentum Metropolitan Holdings Limited (Momentum), to seamlessly enhance your medical aid. Momentum is not a medical scheme, and is a separate entity to Momentum Medical Scheme. The complementary products are not medical scheme benefits. You may be a member of Momentum Medical Scheme without taking any of the complementary products. This focus page summarises the 2024 benefits available on the Ingwe Option. Scheme Rules always take precedence and are available on request.



Major Medical Benefit

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| Provider | Any hospital, Ingwe Network hospitals or State hospitals |
| Limit | No overall annual limit applies |
| Rate | Up to 100% of the Momentum Medical Scheme Rate |
| Specialised procedures/treatment | Certain procedures covered (refer to the Member brochure for a list of procedures and treatment covered) |

Chronic and Day-to-day Benefits

| | |
|---------------------------------------|--|
| Chronic provider and formulary | Ingwe Primary Care Network or Ingwe Active Network. Subject to a list of medicine, referred to as a Network entry-level formulary |
| Chronic conditions covered | 26 conditions, according to the Chronic Disease List in the Prescribed Minimum Benefits |
| Day-to-day provider | Ingwe Primary Care Network or Ingwe Active Network |
| Day-to-day benefit | Primary care benefits such as medicine, GP visits, basic dentistry, basic radiology and basic pathology. You also get 3 virtual consultations from the GP Virtual Consultation Network, which includes Hello Doctor. If you need more day-to-day cover, you can choose to make use of the HealthSaver ⁺ |

Health Platform Benefit

| | |
|-----------------|--|
| Provider | Ingwe Primary Care Network or Ingwe Active Network |
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Contributions

| Your monthly income | Choose your providers | | | Choose your family composition | | | | | |
|---------------------|-----------------------|----------------------------|----------------------------|--------------------------------|--------|--------|--------|--------|---------|
| | Hospital | Chronic | Day-to-day | 1 | 2 | 3 | 4 | 5 | 6 |
| <= R875 | State | Ingwe Primary Care Network | Ingwe Primary Care Network | R541 | R1 082 | R1 007 | R1 548 | R2 014 | R2 480 |
| | Ingwe Network | Ingwe Primary Care Network | Ingwe Primary Care Network | R541 | R1 082 | R1 029 | R1 570 | R2 058 | R2 546 |
| | Any | Ingwe Active Network | Ingwe Active Network | R541 | R1 082 | R1 082 | R1 623 | R2 164 | R2 705 |
| R876 - R8 550 | State | Ingwe Primary Care Network | Ingwe Primary Care Network | R942 | R1 884 | R1 450 | R2 392 | R2 900 | R3 408 |
| | Ingwe Network | Ingwe Primary Care Network | Ingwe Primary Care Network | R1 184 | R2 368 | R1 726 | R2 910 | R3 452 | R3 994 |
| | Any | Ingwe Active Network | Ingwe Active Network | R1 538 | R3 076 | R2 148 | R3 686 | R4 296 | R4 906 |
| R8 551 - R11 325 | State | Ingwe Primary Care Network | Ingwe Primary Care Network | R1 078 | R2 156 | R1 599 | R2 677 | R3 198 | R3 719 |
| | Ingwe Network | Ingwe Primary Care Network | Ingwe Primary Care Network | R1 507 | R3 014 | R2 071 | R3 578 | R4 142 | R4 706 |
| | Any | Ingwe Active Network | Ingwe Active Network | R2 151 | R4 302 | R2 801 | R4 952 | R5 602 | R6 252 |
| R11 326 - R16 100 | State | Ingwe Primary Care Network | Ingwe Primary Care Network | R1 259 | R2 518 | R1 803 | R3 062 | R3 606 | R4 150 |
| | Ingwe Network | Ingwe Primary Care Network | Ingwe Primary Care Network | R2 069 | R4 138 | R2 678 | R4 747 | R5 356 | R5 965 |
| | Any | Ingwe Active Network | Ingwe Active Network | R2 930 | R5 860 | R3 613 | R6 543 | R7 226 | R7 909 |
| R16 101 + | State | Ingwe Primary Care Network | Ingwe Primary Care Network | R2 174 | R4 348 | R2 827 | R5 001 | R5 654 | R6 307 |
| | Ingwe Network | Ingwe Primary Care Network | Ingwe Primary Care Network | R2 970 | R5 940 | R3 845 | R6 815 | R7 690 | R8 565 |
| | Any | Ingwe Active Network | Ingwe Active Network | R3 760 | R7 520 | R4 851 | R8 611 | R9 702 | R10 793 |

All children are charged for



Major Medical Benefit

This benefit provides cover for hospitalisation and certain specialised procedures/treatment at either Any hospital, the Ingwe Network of private hospitals or State hospitals, depending on the provider you have chosen. Claims are paid up to 100% of the Momentum Medical Scheme Rate. Under the hospitalisation benefit, hospital accounts and related costs incurred in hospital (from admission to discharge) are covered – provided that treatment has been authorised.

The specialised procedures/treatment that are covered do not necessarily require admission to hospital and are included in the Major Medical Benefit – provided that the treatment is clinically appropriate and has been authorised. If authorisation is not obtained, a 30% co-payment will apply on all accounts related to the event and the Scheme would be responsible for 70% of the negotiated tariff, provided authorisation would have been granted according to the Rules of the Scheme. In the case of an emergency, you or someone in your family or a friend must obtain authorisation within 72 hours of admission.

If you have chosen Ingwe Network hospitals and do not use this provider, a 30% co-payment will apply on the hospital account. If you have chosen State hospitals as your preferred provider and do not use this provider, a co-payment will also apply - this co-payment will be the difference between State facility charges and the amount charged by the provider you use.

Chronic Benefit

The Chronic Benefit covers certain life-threatening conditions that need ongoing treatment. On the Ingwe Option, chronic benefits are available from the Ingwe Primary Care Network or Ingwe Active Network provider. Chronic cover is provided for 26 conditions according to the Chronic Disease List, which forms part of the Prescribed Minimum Benefits. Chronic benefits are subject to registration and approval.

Day-to-day Benefit

This benefit provides for day-to-day medical expenses, such as GP visits and prescribed medicine. On the Ingwe Option, day-to-day benefits are available from the Ingwe Primary Care Network or Ingwe Active Network. You also have cover for three virtual consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor.

Health Platform Benefit

The Health Platform Benefit is available from the Ingwe Primary Care Network or Ingwe Active Network. This benefit encourages health awareness, enhances the quality of life and gives peace of mind through:

- preventative care and early detection;
- maternity programme; and
- health education and advice.

Benefit schedule

| Major Medical Benefit | |
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| General rule applicable to the Major Medical Benefit: You need to contact us for pre-authorisation before making use of your Major Medical Benefits. For some conditions, like diabetes, you will need to register on a health management programme. The Scheme will pay benefits in line with the Scheme Rules and the clinical protocols that the Scheme has established for the treatment of each condition. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year). | |
| Provider | Any hospital, Ingwe Network hospitals or State hospitals |
| Overall annual limit | None |
| Hospitalisation | |
| Benefit | Specialists covered up to 100% of the Momentum Medical Scheme Rate. Hospital accounts are covered in full at the rate agreed upon with the hospital group |
| High and intensive care | 10 days per admission |
| Renal dialysis and Oncology | Limited to Prescribed Minimum Benefits at State facilities |
| Organ transplants | Limited to Prescribed Minimum Bents at State facilities |
| In-hospital dental and oral benefits | Not covered. Dentistry related to trauma covered at State facilities, limited to Prescribed Minimum Benefits |
| Maternity confinements Caesarean sections: Only emergency caesareans are covered | No annual limit applies |
| Neonatal intensive care | No annual limit applies |
| Medical and surgical appliances in hospital (such as support stockings, knee and back braces, etc) | R6 400 per family |
| Prosthesis – internal (incl. knee and hip replacements, permanent pacemakers, etc) | Limited to Prescribed Minimum Benefits at State facilities |
| Prosthesis – external (such as artificial arms or legs) | Limited to Prescribed Minimum Benefits at State facilities |
| MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans | Limited to Prescribed Minimum Benefits at State facilities |
| Mental health - incl. psychiatry and psychology - drug and alcohol rehabilitation | Limited to Prescribed Minimum Benefits at State facilities |
| Take-home medicine | 7 days' supply |
| Medical rehabilitation and step-down facilities | R15 900 per beneficiary (combined limit), subject to case management |
| Private nursing and Hospice | Not covered |
| Health management programmes for conditions such as HIV/Aids | Your doctor needs to register you on the appropriate health management programme |
| Immune deficiency related to HIV Anti-retroviral treatment HIV related admissions | R38 500 per family at preferred provider R39 000 per family at your chosen hospital provider |
| Emergency medical transport in South Africa by Netcare 911 | No annual limit applies |
| Specialised procedures/treatment | |
| Certain specialised procedures/treatment covered (refer to the Member brochure for a list of procedures and treatment covered) | |



| Chronic Benefit | |
|---|--|
| General rule applicable to the Chronic Benefit: Benefits are only available at your chosen Network provider, and are subject to a list of medicine, referred to as a Network entry-level formulary | |
| Provider | Ingwe Primary Care Network or Ingwe Active Network |
| Cover | 26 conditions covered, according to the Chronic Disease List in the Prescribed Minimum Benefits |
| Day-to-day Benefit | |
| General rule applicable to the Day-to-day Benefit: Benefits are only available from the Ingwe Primary Care Network or Ingwe Active Network Providers, and are subject to the Scheme Rules and provisions set by this network, commonly referred to as protocols. This benefit is also subject to the network's list of applicable tariff codes. The sub-limits specified below apply per year. Should you not join in January, your sub-limits will be adjusted pro-rata (this means it will be adjusted in line with the number of months left in the year) | |
| Provider | Ingwe Primary Care Network or Ingwe Active Network |
| Acupuncture, Homeopathy, Naturopathy, Herbology, Audiology, Occupational and Speech therapy, Chiropractors, Dieticians, Biokinetics, Orthoptists, Osteopathy, Audiometry, Chiropody, and Podiatry | Limited to Prescribed Minimum Benefits at State facilities |
| Mental health (incl. psychiatry and psychology) | Limited to Prescribed Minimum Benefits at State facilities |
| Dentistry – basic (such as extractions or fillings) | Examinations, fillings and x-rays as per the list of tariff codes. One dental consultation is covered per year per beneficiary. You need to contact us for pre-authorisation if you have more than 4 fillings or 4 extractions |
| Dentistry – specialised (such as bridges or crowns) | Not covered |
| External medical and surgical appliances (incl. hearing aids, wheelchairs, etc) | Not covered |
| General practitioners | There is no limit to the number of times you visit your Primary Care Network GP. However, please note all visits from the 11th visit onwards must be pre-authorised 3 virtual consultations per year from the GP Virtual Consultation Network, which includes Hello Doctor. Consultations include scripting of medication where required |
| Out-of-network GP, casualty or after-hours visits | 1 visit per beneficiary per year, subject to authorisation (you need to authorise within 72 hours of the consultation, otherwise a 30% co-payment will apply and Momentum Medical Scheme will be responsible for 70% of the negotiated tariff). Maximum of 2 visits per family per year, R105 co-payment per visit applies |
| Specialists | 2 visits per family per year, limited to R1 290 per visit and up to a maximum of R2 580 per family per year. Covered at 100% of the Momentum Medical Scheme Rate. Subject to referral by your chosen Primary Care Network provider and pre-authorisation. Psychologists and psychiatrists are limited to Prescribed Minimum Benefits at State facilities |
| Physiotherapy | Included in the specialist limit |

| Day-to-day Benefit (continued) | | |
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| Optical and optometry (excl. contact lenses and refractive eye surgery) | 1 eye test and 1 pair of clear standard or bi-focal lenses with standard frame as per formulary per beneficiary every 2 years. Spectacles will only be granted if your refraction measurement is more than 0.5 | |
| Pathology – basic (such as cholesterol tests) | Specific list of pathology tests covered | |
| Radiology – basic (such as x-rays) | Specific list of black and white x-rays covered | |
| MRI and CT scans, magnetic resonance cholangiopancreatography (MRCP), whole body radioisotope and PET scans | Limited to Prescribed Minimum Benefits at State facilities | |
| Prescribed medication | Subject to a list of medicine, referred to as a prescribed formulary | |
| Over-the-counter medication | Not covered | |
| Health Platform Benefit | | |
| General rule applicable to the Health Platform Benefit: Health Platform Benefits on the Ingwe Option are only available from your chosen Primary Care Network provider, except for health assessments, maternity programme benefits and baby immunisations, which are available at any healthcare provider. | | |
| What is the benefit? | Who is eligible? | How often? |
| Preventative care | | |
| Baby immunisations: Covered in private facilities for baby's first year, limited to R2 800 per year. Once the limit is reached, immunisations are available at the Department of Health baby clinics | Children up to age 6 | As required by the Department of Health |
| Flu vaccines | Children between 6 months and 5 years Beneficiaries 60 years and older High-risk beneficiaries | Once a year |
| Tetanus diphtheria injection | All beneficiaries | As needed |
| Early detection tests | | |
| Dental consultation (incl. sterile tray and gloves) | All beneficiaries | Once a year |
| Pap smear consultation (nurse or GP) | Women 15 and older | Once a year |
| Pap smear (pathologist): Standard or LBC (Liquid based cytology) Or HPV PCR screening test (If result indicates high risk, then a follow-up LBC is also covered) | Women 15 and older Women 21 to 65 | Once a year Once every 3 years |
| General physical examination (GP consultation) | Beneficiaries 21 to 29 | Once every 5 years |
| | Beneficiaries 30 to 59 | Once every 3 years |
| | Beneficiaries 60 to 69 | Once every 2 years |
| | Beneficiaries 70 and older | Once a year |

| Early detection tests (continued) | | | |
|---|--|---|--------------|
| Prostate specific antigen (pathologist) | Men 40 to 49 | Once every 5 years | |
| | Men 50 to 59 | Once every 3 years | |
| | Men 60 to 69 | Once every 2 years | |
| | Men 70 and older | Once a year | |
| Health assessment: Blood pressure test, cholesterol and blood sugar tests (finger prick tests), height, weight and waist circumference measurements | All principal members and adult beneficiaries | Once a year | |
| Cholesterol test (pathologist): Only covered if health assessment results indicate a total cholesterol of 6 mmol/L and above | Principal members and adult beneficiaries | Once a year | |
| Blood sugar test (pathologist): Only covered if health assessment results indicate blood sugar levels of 11 mmol/L and above | Principal members and adult beneficiaries | Once a year | |
| HIV test (pathologist) | Beneficiaries 15 and older | Once every 5 years | |
| Maternity programme (subject to registration on the Maternity programme between 8 and 20 weeks of pregnancy) | | | |
| Antenatal visits (Midwives, GP or gynaecologist) | Women registered on the programme | 7 visits | |
| Nurse home visit | | 1 visit on the day after returning from hospital following childbirth | |
| Urine tests (dipstick) | | Included in antenatal visits | |
| Pathology tests | | Blood group, full blood count, haemoglobin estimation and Rhesus factor | 1 test |
| | | Urinalysis | 7 tests |
| | | Urine tests (microscopic exams, antibiotic susceptibility and culture) | As indicated |
| Scans | | 2 pregnancy scans | |
| Paediatrician visits | Babies up to 12 months registered on the programme | 1 visit in baby's first year | |
| Health line | | | |
| 24-hour emergency health advice | All beneficiaries | As needed | |